



25% OFF JULY 14-AUGUST 29, 2014 SALE PRICES
FLORENCE FAMILY AQUATIC CENTER
2015 MEMBERSHIP REGISTRATION FORM

FAMILY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE: _____ E-MAIL: _____

<u>FAMILY MEMBERS:</u>	<u>DOB:</u>	<u>M/F:</u>	<u>FAMILY MEMBERS:</u>	<u>DOB:</u>	<u>M/F:</u>
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\$235 \$176.25 FLORENCE RESIDENT FAMILY _____

\$385 \$288.75 NON-RESIDENT FAMILY _____

\$135 \$101.25 FLORENCE RESIDENT SINGLE _____

\$210 \$157.50 NON-RESIDENT SINGLE _____

\$185 \$138.75 FLORENCE PARENT/CHILD FAMILY _____

\$335 \$251.25 NON-RESIDENT PARENT/CHILD FAMILY _____

\$110 \$82.50 FLORENCE JUNIOR (13-18 YRS.) _____

\$185 \$138.75 NON-RESIDENT JUNIOR _____

\$ 85 \$63.75 FLORENCE RESIDENT SENIOR _____

\$120 \$90 NON-RESIDENT SENIOR _____

NAME OF FLORENCE BUSINESS: _____

\$310 \$232.50 FLORENCE BUSINESS FAMILY _____

\$260 \$195 FLORENCE PARENT/CHILD FAMILY _____

\$175 \$131.75 FLORENCE BUSINESS SINGLE _____

I, for myself and/or as parent or guardian on behalf of the family members listed above who are minors, in consideration of permission granted to me and such minors by the City of Florence, Kentucky, AGREE at my/our own risk, to participate in the use of the City of Florence's Family Aquatic Center, recognizing that such participation involves the risk of physical injury. I further AGREE to be responsible for payment of all medical expenses incurred by myself and/or on behalf of such minors resulting from that use and hereby RELEASE and discharge the City of Florence, Kentucky, its elected officials, agents, officers and employees from any and all claims, demands, actions, judgments and executions which the undersigned, or such minors, ever had or now has or may have by which the undersigned, such minors, or my/their heirs, executors, administrators or assigns may have, or claim to have, against the City of Florence, Kentucky, its elected officials, agents, officers and employees for all personal injuries, known or unknown, and injuries to property, caused by or arising out of participation and use by myself or such minors of the Family Aquatic Center.

I have read this Release and understand all its terms. I execute it voluntary and with full knowledge of its significance.

Signature _____ Date _____

OFFICE USE: Payment: Cash Amt. _____ Check# _____ Amt. _____ Date _____

Credit Card: MC _____ VISA _____ AE _____ DISC _____ Card # _____

Exp. Date _____ CVV Code _____ Signature _____